PLEASE NOTE: YOU MUST COMPLETE THE COMPLETE THE Attorney Docket No. 3560-0137PUS1

BIRCH, STEWART, KOLASCH & BIRCH, LLP P.O. Box 747 • t'alls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

W. C.	As a below named inv that I verily believe th inventor (if plure) inv invention entitled:	ventor, I hereby at I am the origi ventors are nam	declars that: my residen nal, first and sole invent ed below) of the subjec	ce, post office addre or (if only one inver it matter which is o	ess and citizenship ntor is named below lainted and for wi	are as stated ner w) or an original blich a patent is	kt to my name; , first and joint sought on the	
Iraert Title:	SOLID STATE BRACHYTHERAPY APPLICATOR							
Fill in Appropriate Information - For Use Without Specification	the specification of which is attached hereto. If not attached hereto, the app forth above and/or the following:  The specification was filed on <u>March 30, 2004</u> United States Application Number and amended on <u>March 30, 2004</u>				(if applicable) and/or			
Anached:	the specification was filed on International Application Number						_ as PCI · and was	
	aniended on			(if a	pplicable)			
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, \$1.56.  I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application, and that no application for patent or inventor's certificate on this invention has been filled in any country foreign to the United States of America, and that no application for patent or inventor's certificate on this invention has been filled in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows.  I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate in the application on which priority is claimed:							
	Prior Foreign Applic			18-411		Priority (	Claimed	
Insert Priority	00000101	FILIDADE					_	
information:	03078121.5 (Number)	EUROPE (Country)		October 2, 2003 (Month/Day/Y	Catr Film(I)	Yes M	□ No	
(if appropriate)	((vaniver)	(Country)		(Motter) Day) t	en munj			
	(Number)	(Country)	<del></del>	(Month/Day/Y	car Filed)	Yes	□ No	
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	(Number)	(Country)		(Month/Day/Y	ear Filed)	Yes	No	
	(Number)	(Country)		(Month/Day/Year Filed)		□ Yes	No.	
	I hereby claim the benefit under Title 35, United States Code, \$119(e) of any United States provisional applications(s) listed below.							
Insert Provisional Application(s): (if any)	(Application Number)			(Filing Date)				
	(Application Number)			(Filing Date)				
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:							
Insert Requested Information: (if oppropriate)	Country		Application Number	D:	ate of Filing (Mont)	h/Day/Year)		
	I hereby claim the benefit under Title 35, United States Code, \$120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, \$112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37. Code of Federal Regulations, \$1.55 which became available between the filing date of the prior application and the national or PCT international filing date of this application.							
Insert Prior U.S. Application(s): (if any)	(Application Number)		(Filing Date)	(S	latus - patented, pe	nding, abandon	ed)	
Page I of 2 (Rev. 07/2003)	(Application Number)		(Filing Date)	(Si	ntus - palented, pe	nding abandon	ed)	

Attorney Docket No. 3560-0137PUS1

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

## BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 02292

P.O. Box 747 • Falls Church, Virginia 22040-0747

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Pull Name of Pinst or Sole Invention Invant Name of inventor inventor imper Cule This Documen is Signed	GIVEN NAME/FAMILY NAME	INVENTORSSIGNATURE	DATE*					
Insert Culty This Document is Signed	Johann KINDLEIN	2 Kmller	<u></u>					
lneet Rastanca Insert Clüzenship →	Residence (City, State & Country)	CITIZENSHIP						
	Toenisvorst, GERMANY	GERMAN						
hnest Pent Office Adulgen -	MAILING ADDRESS (Complete Street Address Including City, State & Country)							
	Rebhuhnweg 13, 47918 Toenisvorst, GERMANY							
Full Marma of Success) bewarders, of earlyi user aphilite	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*					
	Rudolf Leanard Josef SCHOLTE		29.04.2004					
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	AMERSFOORT, The NETHERLANDS							
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
	Oranjelaan 27, 3818 GP AMERSFOOR (, T	he Netherlands						
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\*DATE OF SIGNATURE

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